

RSVP Enrollment Form  
RETIRED AND SENIOR VOLUNTEER PROGRAM  
OF LAKE AND SUMTER COUNTIES  
1211 PENN ST., LEESBURG, FL., 34748  
(352) 365-1995

**PLEASE PRINT AND COMPLETE ALL SECTIONS**  
(APPLICANTS MUST BE 55 YEARS OF AGE OR OLDER)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_

Racial Group: White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_ Hawaiian/Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Physical or medical limitations \_\_\_\_\_

Who referred you to RSVP? \_\_\_\_\_

What do you see yourself doing as a volunteer? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License# \_\_\_\_\_ :

Do You Have a Car Yes \_\_\_\_\_ NO \_\_\_\_\_ Car Insurance Company: \_\_\_\_\_

I, the Senior Volunteer, understand that if I use my personal vehicle in my volunteer service, I will arrange to keep in effect automobile insurance equal to the limits by the State of Florida.

Preferred volunteer assignments 1. \_\_\_\_\_ 2. \_\_\_\_\_

Days/hours available are \_\_\_\_\_

**"RSVP ON CALL"** This is a list that we refer to when local agencies are looking for assistance with short-term special events and most projects will take only several hours of your time. Being on this list does not commit you to any project; it only identifies you as a volunteer who is receptive to short time volunteer opportunities. Would you like to be put on the on call list? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**RSVP ENROLLMENT RECORD**

I am volunteering my services through the Lake & Sumter RSVP project and understand that I am not an employee of Mid Florida Community Services, Inc. or RSVP. I also give permission for my photo to be used in any group photos and will be asked special permission to use a single photo for any other publications.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

.....  
RSVP Office use only

Project Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Assignment: \_\_\_\_\_

Revised 06/12/2009

## RSVP Volunteer Duty Description

Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Duty Station: Sumter County Administration Office

Volunteer Supervisor: Bradley Arnold

Volunteer Services Performed: Answer telephone, Provide directions to other offices/people in the building. Other duties as ask by the station supervisor.

Sponsors need that warrants this assignment: Due to budget restraints there are no funds to have a paid person do these duties.

Accomplishment Anticipated: The telephones will be answered in a timely manor and the messages taken and passed on to the proper person to get the attention that is needed. People will receive directions to the proper places.

Anticipated Impact: The telephones will be manned to allow the Administration staff to attend to business that needs to be done. Messages will be passed on to the proper people that need to resolve the attention needed.

Volunteer Signature: \_\_\_\_\_

RSVP Coordinator Signature: \_\_\_\_\_

Placed in file by: \_\_\_\_\_



Retired & Senior Volunteer Program  
Of Lake and Sumter Counties

Mid-Florida Community Services, Inc.

STATEMENT OF CONFIDENTIALITY

I understand that while volunteering with Retired and Senior Volunteer Program that I may come in contact with information, names, addresses, phone numbers, and other pertinent information of other people and I will keep this information confidential.

I understand that confidentiality is very important and I AGREE TO RESPECT THE CONFIDENTIALITY OF OTHERS AND ANY AND ALL INFORMATION I MAY COME IN CONTACT WITH.

Signed : \_\_\_\_\_ Date \_\_\_\_\_

RSVP : Representative: \_\_\_\_\_ Date \_\_\_\_\_



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